

and innovative actions to enable optimal care for older adults.

**Method:** The questionnaire was developed by researchers of STOP-IATRO project, a consortium between Portugal, France and Spain, financed by Interreg-Sudoe. Protocol obtained ethics approval from Clinical Academic Center Egas Moniz Health Alliance Ethics Committee. The anonymous paper and online (<https://forms.ua.pt/>) questionnaires were disseminated by the Unidade Local de Saúde Região de Aveiro within Aveiro region. Participants provided informed consent to participate. All data were stored and analyzed according to General Data Protection Regulation.

**Findings:** From a total of 64 participants: 42.5% were physicians, 11% hospital pharmacists, 37.5% nurses, and 9% health assistant technicians. Most of them (73%) have >10 years of experience. Many respondents (81%) are not aware of WHO's guidelines for preventing, slowing and reversing the decline of older people's physical and mental capacities; 84% are not aware of published recommendations to prevent loss of autonomy/functional decline during hospitalization of older people; 82% do not use any scale to assess the patient's functional status. Considering patients' decline in functional capacity not attributable solely to health conditions, around 34% participants believe that this corresponds to 11-25% patients, 24% believe to correspond to 26-50% patients, and 14% that it matches to 51-75% of cases. Also, 47% of respondents consider that 11-30% of serious iatrogenic events are due to medicines and 24% believe it is the cause of 41-60% adverse events. Additionally, 41% of the respondents think that 41-60% of these medicine-related iatrogenic events were preventable and 28% consider that 41-60% of these side effects led to hospitalization. Almost all respondents (92%) are willing to take part in pilot actions for good practice in preventing/managing drug iatrogenesis.

**Conclusion:** Healthcare professionals are aware of iatrogenesis. However, a lack of knowledge about guidelines was identified. Importantly, these professionals are willing to participate in collective and advanced actions to improve quality-of-care in older people and to provide healthy ageing.

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#### Pharmaceutical literacy in Spain and association with health-related quality of life: PILOT STUDY

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**Background:** Pharmaceutical literacy has not been studied in Spain in a population level, and it could have a key influence on health-related quality of life on those who take medication. Pilot studies are very valuable to assess methods adequacy and to gain knowledge of the functioning of larger scale or greater complexity studies.

**Purpose:** To assess the results of a pilot study regarding pharmaceutical literacy levels of the Spanish population, and its influence on health-related quality of life.

**Method/study design:** A pilot study was performed in 10 community pharmacies from two different regions of Spain that had to recruit between 5-6 patients.

The community pharmacists were informed about the study through the "Spanish Society of Clinical, Family and Community Pharmacy (SEFAC)". After receiving their written informed consent, they were contacted by e-mail providing an online training before starting their participation.

The community pharmacists' performance included 1) an interview between them and the patient whose pharmaceutical literacy was being rated using the interview guide "RALPH-castellano" and 2) supplying the survey "EQ-5D-5L" that the patient had to auto-complete as a measurement of health-related quality of life.

The pilot results came from the opinion questionnaire community pharmacists answered after their participation, the register of incidents elaborated during the study and the answers from the patients' interviews.

**Findings:** Opinion questionnaire: 100% of the pharmacists stated that the training materials provided before their performance are adequate or very adequate, 100% considered that their participation is more than assumable, the time per patient varied between 5-20 minutes, and 87.5% of the pharmacists would very likely recommend to a college participating in the study.

Register of incidents: the documents' signing generated confusion, and the time to complete the interviews and send the results was often longer than expected. Interview answers: The sample obtained between both regions was homogenous, the relationship between patients' health-related quality of life and pharmaceutical literacy had a value of  $p=0.077$  (signification  $\leq 0.05$ ), considering that the sociodemographic variables collected didn't include economical aspects.

**Conclusion:** The pilot study development and the participation of community pharmacists were overall positive. The explanations in some organizational details should be more extensive and the data collecting period should be enlarged. Although the relationship between pharmaceutical literacy and health-related quality of life was not significant, it is expected that in a representative sample of patients the result will change. New socio-demographic variables of patients will also be added.

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#### Assessment of the Automated Dose Dispensing Service provided by a Community Pharmacy to a Nursing Home.

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**Background:** The rising prevalence of chronic conditions in aging populations poses challenges in managing polypharmacy, particularly for institutionalized older adults who often face complex medication regimens. Automated Dose Dispensing (ADD) is an automated process, which allows one or more medications to be accurately dispensed into a container or pouch for a patient to take at a scheduled date and time. ADD service provided by community pharmacies improves adherence to treatments through structured and personalized medication management.

**Purpose (Research Question):** The primary aim of this study was to evaluate potential medication-related problems associated with medications dispensed by a community pharmacy to a nursing home through the ADD service. Furthermore, the study aimed to assess the medical and pharmaceutical interventions carried out during the study period.

**Method/Study Design:** A one-month observational, cross-sectional study was conducted in July 2023, focusing on a sample of 50 residents aged 60–100 years from a nursing home. Each participant received weekly ADD- prepared medications (individualized dosage pouch, labelled with patient's details, dosage, and administration schedule). Data on demographics, prescribed medication, medication-related problems and interventions were gathered within the selected sample.

**Findings:** Among the patients enrolled in the ADD service, the majority were women (72%), and the average age was 83.3 years old. The average number of medications per patient was 4, with the range of medications prescribed varying from 1 to 12. The most commonly prescribed medications were omeprazole (32%), acetylsalicylic acid (26%), quetiapine (26%), furosemide (22%), and trazodone (22%). The total number of medical interventions was 47, distributed as follows: 53.2% were medication discontinuations (e.g., cessation of antibiotic treatment), 40.0% were medication addition (e.g., starting antihypertensive medications to better manage blood pressure), and 6.4% were emergency prescriptions (e.g., adding pain medication during an acute pain episode).

Furthermore, pharmacists conducted a total of 69 interventions, including changes in the preparation of the weekly medication due to the discontinuation or addition of medications (44 out of 69), detection of expired medications on electronic prescriptions (11 out of 69), urgent requests for medications unavailable at the nursing home (11 out of 69), and detection of changes in emergency medical prescriptions, such as antibiotics or insulins (3 out of 69).

**Conclusion:** The ADD service was successful in identifying and addressing medication-related problems for nursing home residents. Moreover, this service demonstrates the importance of community pharmacist involvement in medication management for older patients, facilitating an appropriate and personalized treatment.

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#### Preferred information sources and needs of outpatients in a Spanish urban tertiary hospital: a cross-sectional study

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**Background:** Providing patients with comprehensive and tailored information about their healthcare is essential for improving adherence, efficacy, safety, and overall, quality of care.

**Purpose (research question):** To assess outpatients' perceptions of the information received across different aspects of health-care.

**Method/study design:** A descriptive cross-sectional study was conducted from April to June 2024. A sample of 184 patients was recruited at the Outpatient Pharmacy Care Unit of a hospital that serves a population of over 260,000 inhabitants. The validated Hospital Outpatients' Information Needs Questionnaire (HOINQ) was administered, covering topics such as illness, medical examinations, treatment, additional support services, levels of information satisfaction and information source preferences. Sociodemographic and clinical variables were also collected to explore their influence in information needs.

**Findings:** The results indicated that while most patients perceived the information they received as adequate, notable areas for improvement were identified. Average scores, measured on a scale from 1 (none) to 4 (a lot), ranged from 2.6 to 3.5 across questionnaire items. However, lower scores were reported for psychological support services (1.9) and rehabilitation services, such as physiotherapy and occupational therapy (1.9).

Patients with HIV reported the highest information levels (3.4), followed by respiratory diseases (3.2) and multiple sclerosis (3.1). In contrast, patients with conditions requiring selective immunosuppressants (2.9), recombinant human erythropoietin (2.8) or antimigraine drugs (2.7) reported lower levels of information.

Additionally, significant differences in information perception were observed based on educational level, gender, year of diagnosis, and duration of attendance at the unit. Patients without formal education scored 2.4, compared to over 3.0 for university graduates. Men reported higher levels of information received (3.2) than women (2.9), and patients with longer durations of attendance at the Outpatient Pharmacy Care Unit or more time since diagnosis tended to report higher scores.

**Conclusion:** This study highlights the importance of tailoring communication strategies to meet individual patient needs, enhancing the outcomes of pharmaceutical care. The Outpatient Pharmacy Care Unit, as a setting, and the involvement of pharmacists proved to be particularly valuable for evaluating Patient-Centered Care practices. Lastly, the continued use of the HOINQ questionnaire in other hospital regions could provide consistent data to customize health information according to patients' demographic and clinical characteristics.

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#### Utilizing the Theoretical Domains Framework to investigate community pharmacists' views on drug-related problem management in routine pharmacy practice

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**Background:** The Theoretical Domains Framework (TDF) is a valuable tool for exploring healthcare professionals' perceptions of their roles and responsibilities, particularly in the context of patient care. Comprising 14 domains each containing a set of constructs the TDF provides a structured approach to analysing factors that shape behaviour [1]. Applied in a variety of healthcare settings, the TDF has identified key barriers and facilitators, such as role clarity, contextual challenges and beliefs about outcomes. Considering the evident absence of a unified approach for addressing drug-related issues (DRIs) across Europe, the TDF was employed to examine the perspectives of community pharmacists in Austria.

**Purpose:** This study aimed to use the Theoretical Domains Framework (TDF) to systematically explore the behavioural determinants influencing community pharmacists' management of drug-related problems (DRPs). By structuring the focus group topic guide around the 14 domains of the TDF and the coding around the 84 constructs, this study sought to identify specific factors influencing pharmacists' practice, thereby informing future collaborative efforts.

**Method:** Four focus group discussions were conducted with a purposive sample of 23 Austrian community pharmacists. In developing the topic guide, the TDF was used as a theoretical foundation to address relevant domains. Two researchers independently coded the verbatim transcripts deductively using the 84 constructs of the TDF. The identified constructs were summarised to generate themes.

**Findings:** Domains such as environmental context and resources, knowledge, social/professional role and identity, and beliefs about skills were most pressing to the participants. The lack of DRP documentation and limited inter-professional collaboration were identified as primary barriers to the management of DRPs. The TDF's structured approach helped to identify the factors influencing pharmacists' behaviour in the management of DRPs. The coding with the 84 constructs of the TDF proved to be a time-consuming process, necessitating extensive discussions within the research group and a heightened level of immersion in the TDF constructs to reach agreement.

**Conclusion:** The TDF served as a comprehensive tool to explore the complexity of community pharmacists' behaviours in relation to DRP management, providing insight into key behavioural determinants and practical challenges. By systematically categorising behavioural influences, the TDF highlighted key issues such as the lack of DRP documentation and the need for greater inter-professional collaboration.

1. Atkins L, Francis J, Islam R, O'Connor D, Patey A, Ivers N et al. A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems.

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#### Interprofessional perspectives on opioid use in chronic non-cancer pain in primary care

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**Background:** Chronic non-cancer pain presents a significant challenge in primary care, particularly regarding opioid management. Clinical pharmacists play an important role in addressing the complexities of opioid use. However, understanding interprofessional dynamics and opportunities for collaboration among healthcare professionals is essential for optimizing patient outcomes and addressing systemic barriers.

**Purpose:** This study explored the perspectives of clinical pharmacists and other non-physician healthcare professionals on opioid use in chronic non-cancer pain